

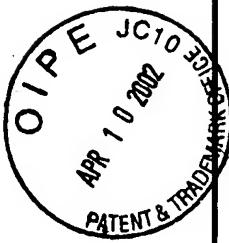
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13

Application Number

10/037,067

Filing Date

12/21/2001

First Named Inventor

David E. Clune

Group Art Unit

2171

Examiner Name

Unassigned

Attorney Docket Number

Clune 3-4-18

### ENCLOSURES (check all that apply)

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 Petition to Convert to a Provisional Application  
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Remarks

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

John L. DeAngelis, Jr., Esquire/Reg. No. 30,622  
Holland & Knight, LLP

Signature

Date

March 28, 2002

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TOTAL AMOUNT OF PAYMENT (\$ 130.00)

| Complete if Known    |                |
|----------------------|----------------|
| Application Number   | 10/037,067     |
| Filing Date          | 12/21/2001     |
| First Named Inventor | David E. Clune |
| Examiner Name        | Unassigned     |
| Group Art Unit       | 2171           |
| Attorney Docket No.  | Clune 3-4-18   |

| METHOD OF PAYMENT   |                          | FEE CALCULATION (continued)   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
|---|--------------------------|---|----------------------------|--|--------------------|-----------------|----------------|---------------|--------------------------|--------------------------|----------------------------------|----------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------|-----------------------------------|--|-----|-----|--|-----|---|-----|-----|-----|---------------------------|---------------|--|----------|-----|-------|---|---|--|------|--------------------------|------|--|----|-----------------------------------|--------|-----|--------|---|-----|---------------------------------------|-----|-----|----|--|----|--|-----|-----|-----|---|---|--|-----|--------------------------|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|-----------------------------------|--|--|--|---------------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <b>50-1790</b><br>Deposit Account Name <b>Holland &amp; Knight LLP</b><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                          | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130.00</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3) (\$ 130.00)</b></td> </tr> </tbody> </table> |                            | Large Entity   | Small Entity       | Fee Description | Fee Paid       | Fee Code (\$) | Fee Code (\$)            |                          |                                  | 105                        | 130                        | 205                      | 65                       | Surcharge - late filing fee or oath | 130.00                     | 127                               | 50   | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139   | 130 | 139 | 130 | Non-English specification |               | 147  | 2,520    | 147 | 2,520 | For filing a request for ex parte reexamination |   | 112  | 920* | 112                      | 920* | Requesting publication of SIR prior to Examiner action |    | 113                               | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |     | 115                                   | 110 | 215 | 55 | Extension for reply within first month |    | 116  | 400 | 216 | 200 | Extension for reply within second month |   | 117  | 920 | 217                      | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3) (\$ 130.00)</b> |
| Large Entity  | Small Entity             | Fee Description   | Fee Paid                   |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)            |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 105   | 130                      | 205   | 65                         | Surcharge - late filing fee or oath  | 130.00             |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 127   | 50                       | 227   | 25                         | Surcharge - late provisional filing fee or cover sheet                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 139   | 130                      | 139   | 130                        | Non-English specification  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 147   | 2,520                    | 147   | 2,520                      | For filing a request for ex parte reexamination                            |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 112   | 920*                     | 112   | 920*                       | Requesting publication of SIR prior to Examiner action                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 113   | 1,840*                   | 113   | 1,840*                     | Requesting publication of SIR after Examiner action                        |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 115   | 110                      | 215   | 55                         | Extension for reply within first month                                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 116   | 400                      | 216   | 200                        | Extension for reply within second month                                    |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 117   | 920                      | 217   | 460                        | Extension for reply within third month                                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 118   | 1,440                    | 218   | 720                        | Extension for reply within fourth month                                    |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 128   | 1,960                    | 228   | 980                        | Extension for reply within fifth month                                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 119   | 320                      | 219   | 160                        | Notice of Appeal   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 120   | 320                      | 220   | 160                        | Filing a brief in support of an appeal                                     |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 121   | 280                      | 221   | 140                        | Request for oral hearing   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 138   | 1,510                    | 138   | 1,510                      | Petition to institute a public use proceeding                              |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 140   | 110                      | 240   | 55                         | Petition to revive - unavoidable   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 141   | 1,280                    | 241   | 640                        | Petition to revive - unintentional   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 142   | 1,280                    | 242   | 640                        | Utility issue fee (or reissue)   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 143   | 460                      | 243   | 230                        | Design issue fee   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 144   | 620                      | 244   | 310                        | Plant issue fee  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 122   | 130                      | 122   | 130                        | Petitions to the Commissioner  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 123   | 50                       | 123   | 50                         | Processing fee under 37 CFR 1.17(q)  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 126   | 180                      | 126   | 180                        | Submission of Information Disclosure Stmt                                  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 581   | 40                       | 581   | 40                         | Recording each patent assignment per property (times number of properties) |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 146   | 740                      | 246   | 370                        | Filing a submission after final rejection (37 CFR § 1.129(a))              |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 149   | 740                      | 249   | 370                        | For each additional invention to be examined (37 CFR § 1.129(b))           |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 179   | 740                      | 279   | 370                        | Request for Continued Examination (RCE)                                    |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 169   | 900                      | 169   | 900                        | Request for expedited examination of a design application                  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Other fee (specify) _____   |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| *Reduced by Basic Filing Fee Paid   |                          |   |                            | <b>SUBTOTAL (3) (\$ 130.00)</b>  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| FEE CALCULATION   |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> </tr> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1) (\$)</b></td> </tr> </tbody> </table>  |                          |   |                            | Large Entity   | Small Entity       | Fee Description | Fee Paid       | Fee Code (\$) | Fee Code (\$)            |                          |                                  | 101                        | 740                        | 201                      | 370                      | Utility filing fee                  |                            | 106                               | 330  | 206 | 165 | Design filing fee                                      |     | 107   | 510 | 207 | 255 | Plant filing fee          |               | 108  | 740      | 208 | 370   | Reissue filing fee                              |   | 114  | 160  | 214                      | 80   | Provisional filing fee                                 |    | <b>SUBTOTAL (1) (\$)</b>          |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Large Entity  | Small Entity             | Fee Description   | Fee Paid                   |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)            |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 101   | 740                      | 201   | 370                        | Utility filing fee   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 106   | 330                      | 206   | 165                        | Design filing fee  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 107   | 510                      | 207   | 255                        | Plant filing fee   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 108   | 740                      | 208   | 370                        | Reissue filing fee   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 114   | 160                      | 214   | 80                         | Provisional filing fee   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| <b>SUBTOTAL (1) (\$)</b>  |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>-20** = <input type="checkbox"/></td> <td>X <input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>- 3** = <input type="checkbox"/></td> <td>X <input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> <tr> <td colspan="5">Multiple Dependent <input type="checkbox"/> = <input type="checkbox"/></td> </tr> <tr> <td colspan="4">           Large Entity Small Entity           <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b></td> </tr> </tbody> </table> </td> <td></td> </tr> </tbody> </table> |                          |   |                            | Total Claims   | Independent Claims | Extra Claims    | Fee from below | Fee Paid      | <input type="checkbox"/> | <input type="checkbox"/> | -20** = <input type="checkbox"/> | X <input type="checkbox"/> | = <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - 3** = <input type="checkbox"/>    | X <input type="checkbox"/> | = <input type="checkbox"/>        | Multiple Dependent <input type="checkbox"/> = <input type="checkbox"/> |     |     |  |     | Large Entity Small Entity <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b></td> </tr> </tbody> </table> |     |     |     | Fee Code (\$)             | Fee Code (\$) | Fee Description                                    | Fee Paid | 103 | 18    | 203   | 9 | Claims in excess of 20                                     |      | 102                      | 84   | 202  | 42 | Independent claims in excess of 3 |        | 104 | 280    | 204   | 140 | Multiple dependent claim, if not paid |     | 109 | 84 | 209                                    | 42 | ** Reissue independent claims over original patent |     | 110 | 18  | 210                                     | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2) (\$)</b> |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Total Claims  | Independent Claims       | Extra Claims  | Fee from below             | Fee Paid   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> | -20** = <input type="checkbox"/>  | X <input type="checkbox"/> | = <input type="checkbox"/>   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| <input type="checkbox"/>  | <input type="checkbox"/> | - 3** = <input type="checkbox"/>  | X <input type="checkbox"/> | = <input type="checkbox"/>   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Multiple Dependent <input type="checkbox"/> = <input type="checkbox"/>  |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Large Entity Small Entity <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) (\$)</b></td> </tr> </tbody> </table>   |                          |   |                            | Fee Code (\$)  | Fee Code (\$)      | Fee Description | Fee Paid       | 103           | 18                       | 203                      | 9                                | Claims in excess of 20     |                            | 102                      | 84                       | 202                                 | 42                         | Independent claims in excess of 3 |  | 104 | 280 | 204  | 140 | Multiple dependent claim, if not paid   |     | 109 | 84  | 209                       | 42            | ** Reissue independent claims over original patent |          | 110 | 18    | 210   | 9 | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2) (\$)</b> |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| Fee Code (\$)   | Fee Code (\$)            | Fee Description   | Fee Paid                   |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 103   | 18                       | 203   | 9                          | Claims in excess of 20   |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 102   | 84                       | 202   | 42                         | Independent claims in excess of 3  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 104   | 280                      | 204   | 140                        | Multiple dependent claim, if not paid                                      |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 109   | 84                       | 209   | 42                         | ** Reissue independent claims over original patent                         |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| 110   | 18                       | 210   | 9                          | ** Reissue claims in excess of 20 and over original patent                 |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |
| <b>SUBTOTAL (2) (\$)</b>  |                          |   |                            |  |                    |                 |                |               |                          |                          |                                  |                            |                            |                          |                          |                                     |                            |                                   |  |     |     |  |     |   |     |     |     |                           |               |  |          |     |       |   |   |  |      |                          |      |  |    |                                   |        |     |        |   |     |                                       |     |     |    |  |    |  |     |     |     |   |   |  |     |                          |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |                                 |

\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 130.00)**

| SUBMITTED BY      |   | Complete (if applicable)          |                |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | <b>John L. DeAngelis, Jr.</b>   | Registration No. (Attorney/Agent) | 30,622         |
| Signature         |  | Telephone                         | (321) 674-1778 |
|                   |   | Date                              | 03/28/2002     |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

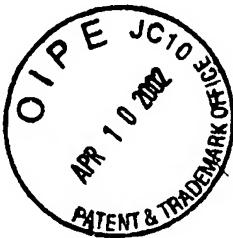
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/037,067         | 12/21/2001          | David E. Clune        | Kirk 11-5-4-18         |



John L. DeAngelis, Jr., Esquire  
Holland & Knight LLP  
Suite 201  
1499 S. Harbor City Blvd.  
Melbourne, FL 32901

CONFIRMATION NO. 5463  
FORMALITIES LETTER



\*OC00000007442463\*

Date Mailed: 02/07/2002

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

***Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

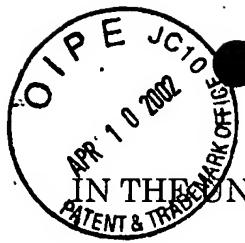
*A copy of this notice **MUST** be returned with the reply.*

H. Truong  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

04/12/2002 HN0001 00000120 501790 10037067  
01 FC:105 130.00 CH



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David E. Clune, et al

Group Art Unit: 2171

Serial No.: 10/037,067

Examiner: Not Assigned

Filed: 12/21/2001

For: **Method and Apparatus for Maintaining Multicast Lists in a Data Network**

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION**

March 28, 2002

Commissioner of Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Sir:

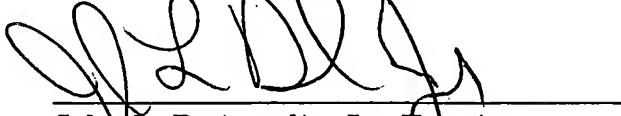
In accord with 37 CFR 1.53(b), attached hereto is the Declaration and Power of Attorney for the above-identified patent application. Please note that the executed Declaration enclosed herewith does not include the name of James T. Kirk, who was indicated as an inventor on the unsigned Declaration filed with the patent application. The Applicant hereby invokes the provisions of 37 CFR 1.48(f)(1), noting that the correct inventorship was not set forth when the application was filed without an executed declaration. The correct inventorship is set forth on the executed Declaration and Power of Attorney attached.

Also attached, in accord with 37 CFR 1.53(b) and 37 CFR 1.184, are the substitute drawings for the above-identified patent application.

Also attached is Part 2 of the Patent and Trademark Office's Notice to File Missing Parts of Nonprovisional Application.

Please charge the \$130.00 fee due in connection with the filing of this paper to Deposit Account No. 50-1790. If there are any questions regarding this matter, please direct them to the undersigned.

Respectfully submitted,



John L. DeAngelis, Jr., Esquire

Reg. No. 30,622

Holland & Knight LLP

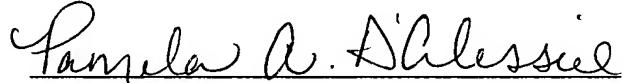
1499 S. Harbor City Blvd., Suite 201

Melbourne, FL 32901

(321) 951-1776

CERTIFICATE OF MAILING

I HEREBY CERTIFY that this Response to Notice to File Missing Parts of Application is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231 on this 28 day of March, 2002.



Pamela A. D'Alessio